TRICARE

Your Military Health Plan

TriWest Healthcare Alliance

Beneficiary Education Seminar

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Beneficiary Education Seminar: Part One

Welcome to TRICARE

Military Health System

What is TRICARE

The History of TRICARE

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Military Health System

- Integrated health care delivery system
- Health care provided through military treatment facilities (MTFs) and network of civilian health care providers
- Supports readiness and ensures MTF and civilian resources are of the highest quality
- Serves an eligible population of approximately 8.9 million beneficiaries with more than 600 military hospitals and clinics worldwide

What is TRICARE?

- DoD's managed health care program
- Provides health benefits and services to active duty and retired members of the uniformed services, their families, and survivors worldwide
- Available to Army, Navy, Air Force, Marine Corps, Coast Guard, the U.S. Public Health Service (USPHS), and the National Oceanic and Atmospheric Administration (NOAA)

TRICARE's Vision

To provide a world-class health system that meets all wartime and peacetime health care needs for the active duty and retired military and their families.

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History of TRICARE

- Military Medicare—1956 Dependents Only
- CHAMPUS—began in 1966
- CHAMPUS Reform Initiative—1988
- TRICARE—1994 Defense Authorization Act
- 2004 marks 10 successful years of the TRICARE Program!

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Beneficiary Education Seminar: Part Two

Recent Changes in TRICARE

Changes in 2004

Program Improvements/Enhancements

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Recent Changes in TRICARE

- Transitioning to three TRICARE Regions in the 50 United States supported by three contractors that provide health care services and support
- Improving access to health care overseas
- Enhancing the retail pharmacy benefit—making it more portable and providing continuity across all TRICARE regions

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Recent Changes in TRICARE

- Streamlining the claims processing for beneficiaries eligible for TRICARE and Medicare (dual-eligible)
- Globalizing marketing and education for TRICARE beneficiaries and providers—a single look and feel worldwide.
- Offering toll-free access to a single customer service resource—the TRICARE Information Service

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TRICARE Regions

- TRICARE North
- TRICARE South
- TRICARE West
- TRICARE Europe
- TRICARE Pacific
- TRICARE Latin America and Canada

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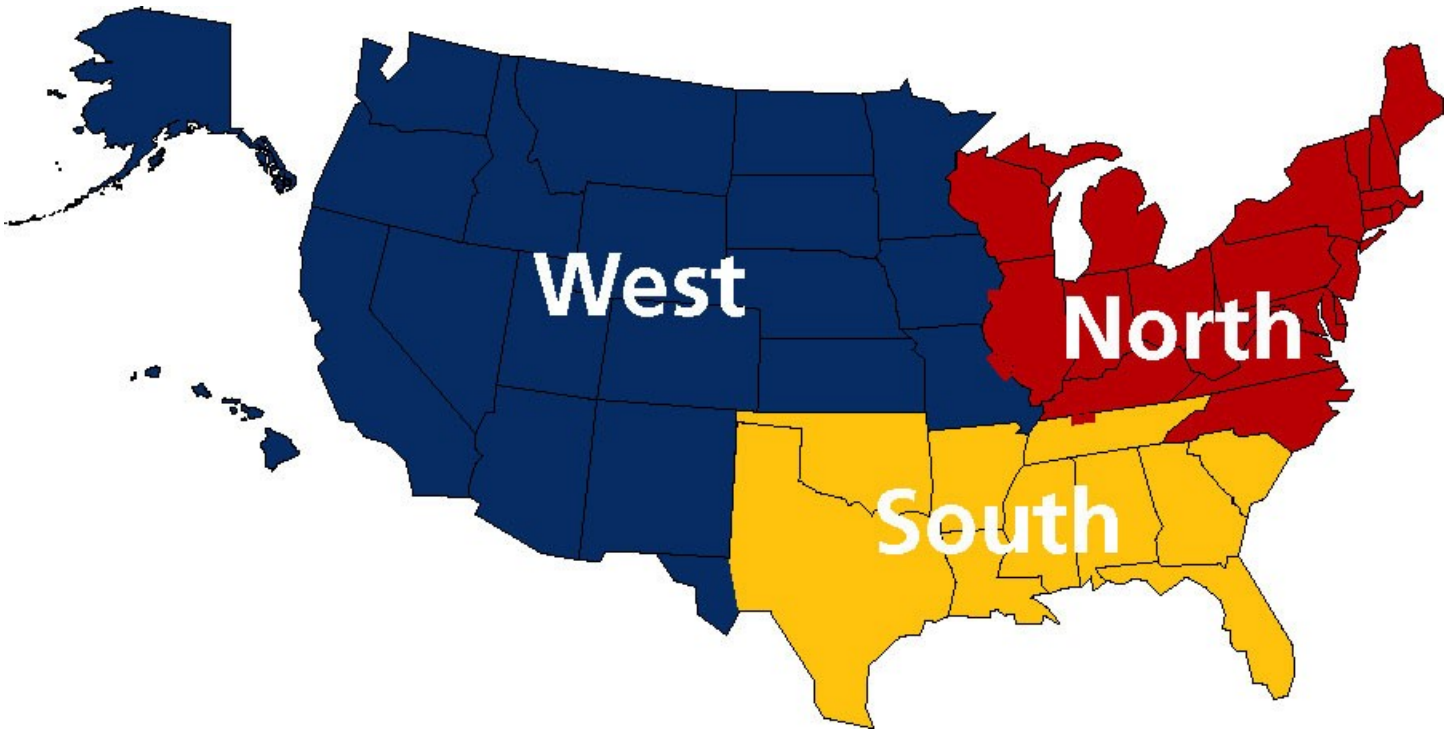
New TRICARE Regions



TRICARE West

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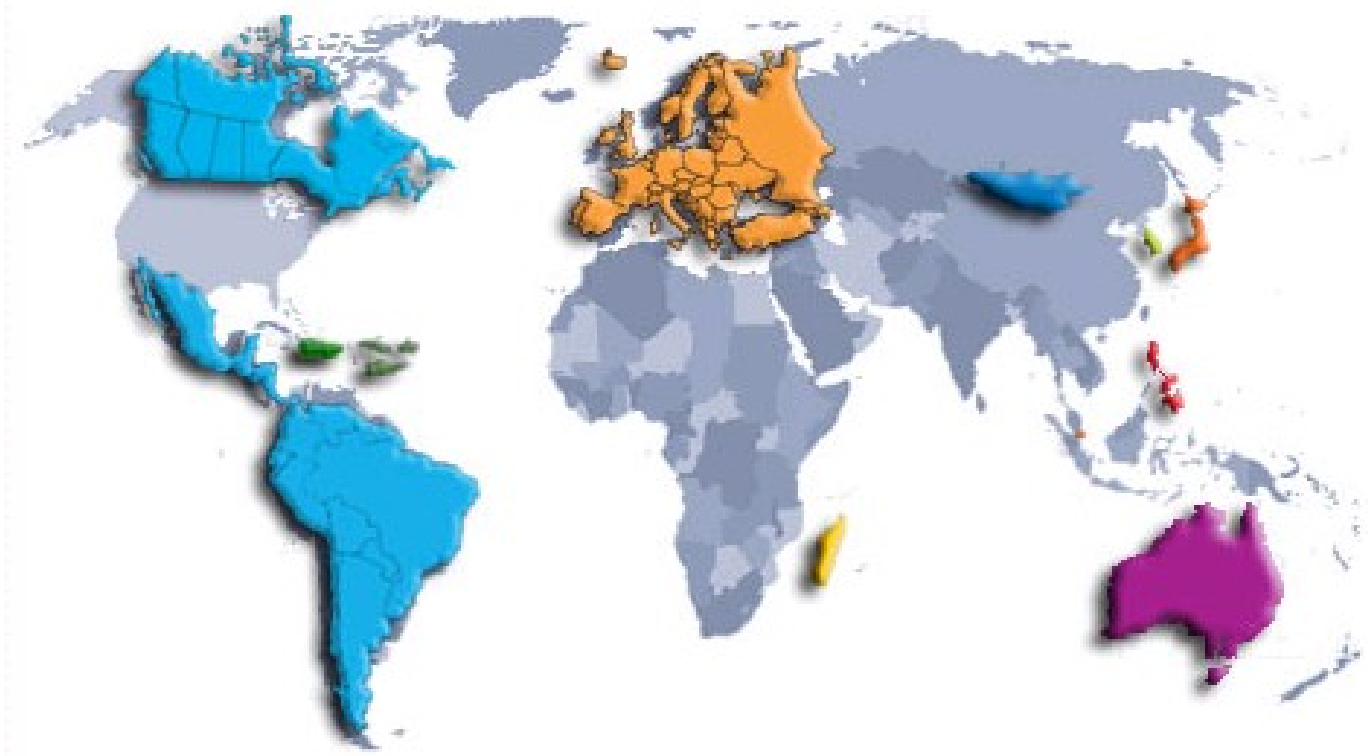
TRICARE Overseas Regions



TRICARE West

TRICARE Regional Contractors

- TRICARE West Region—TriWest Healthcare Alliance (TriWest)
- TRICARE North Region—Health Net Federal Services, Inc. (Health Net)
- TRICARE South Region—Humana Military Healthcare Services, Inc. (Humana Military)
- Overseas regions do not have health care services and support contractors
  - Healthcare is delivered by MTFs and host nation preferred provider networks or International SOS in remote countries

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Improved Access to Health Care Overseas

- TRICARE Global Remote Overseas Health Care
- International SOS Assistance, Inc.
  - Implementation began September 2003
- Humana Military Healthcare Services, Inc.
  - For active duty service members and their families located in the Commonwealth of Puerto Rico
  - Delivery of health care services is scheduled to begin May 1, 2004
- Resulting in
  - Better customer service
  - Improved portability
  - Access to quality health care for active duty service members and their families residing in remote overseas locations

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Enhanced Retail Pharmacy Benefit

- Worldwide* on June 1, 2004
- Administered by Express Scripts, Inc.
- Offers *greater access* to pharmacies when traveling outside of the West Region
- Provides *continuity* of pharmacy benefits and a consistent application across all TRICARE regions
- Improves *quality of care* by enabling pharmacists to have complete access to prescription data

***Overseas access is limited.**

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Streamlined Claims Processing for Dual-Eligible Beneficiaries

- Wisconsin Physicians Service (WPS) is the new claims processor for all dual-beneficiaries—*those eligible for both TRICARE and Medicare*
- Electronic cross-over of claims from Medicare to TRICARE will be implemented nationwide with the transition to the new TRICARE regions.
- Providers will submit claims to Medicare and the claims will cross-over to TRICARE electronically
- All dual-eligible beneficiaries will receive a letter from WPS

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TRICARE Marketing and Education

- Creating a national suite of marketing and educational materials at a national level
- Partnering with TRICARE Management Activity (TMA) and the three regional contractors
- *One voice, one message, a consistent, single look and feel*
- Ensuring accuracy and quality

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TRICARE Information Service

- A single resource for beneficiaries
- Provides TRICARE information and refers beneficiaries to partner call centers
- Toll-free access to customer service representatives
  - 1-888-DoD-CARE (1-888-363-2273)
  - Monday-Friday (except federal holidays)
  - 8 a.m. to 8 p.m. Eastern time
  - 24 hour access to an interactive voice response system

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Beneficiary Education Seminar: Part Three

TRICARE West Region

TRICARE West Region

West Region Transition

History of TriWest

TriWest Health Care Partners

TriWest's Claims Processing Partner

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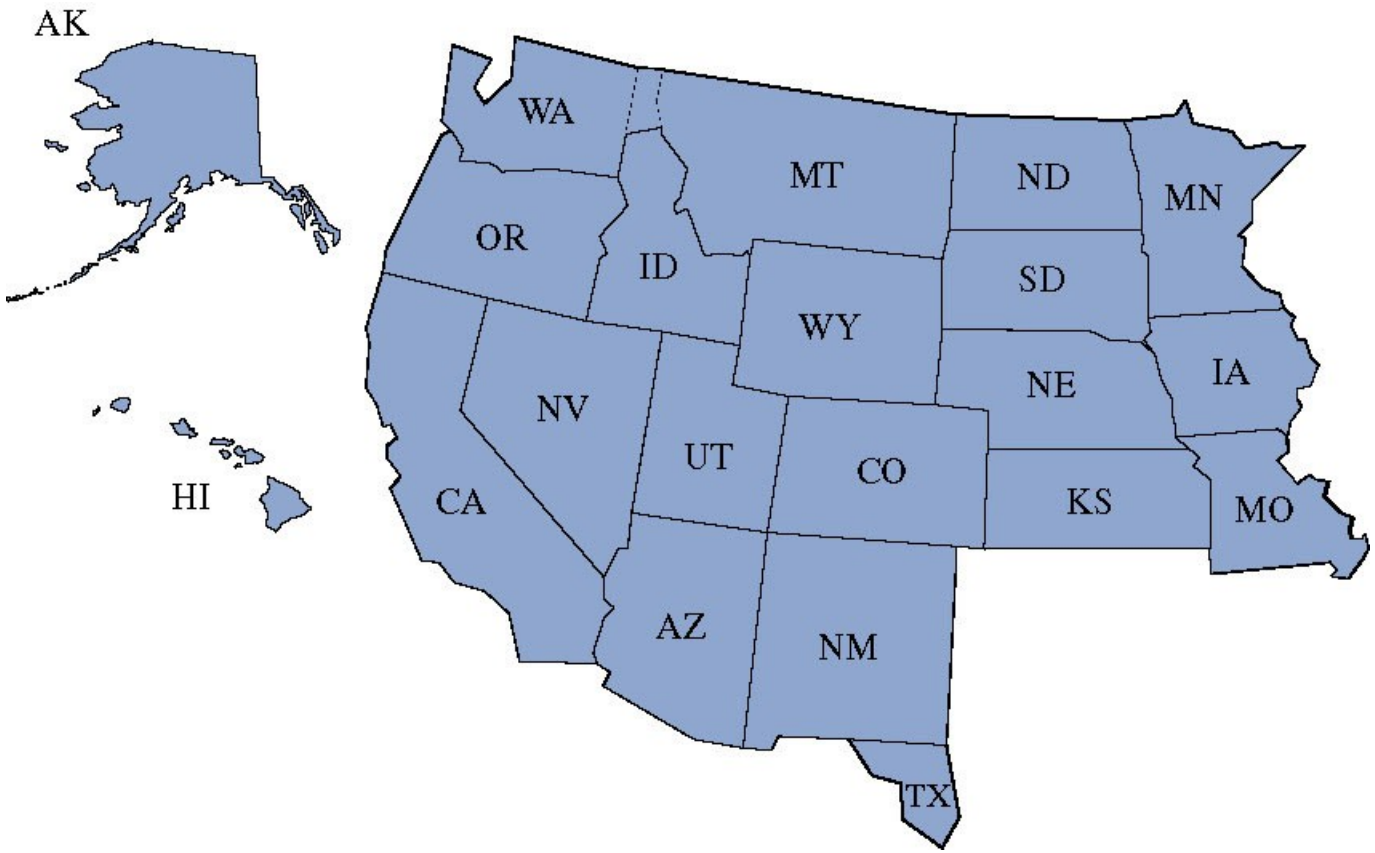
TRICARE West Region



TRICARE West

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West Region Transition

- Transition to the new TRICARE West Region is phased in from June 2004 through October 2004
- Washington, Oregon, and six northern counties in Idaho—June 1, 2004
- Yuma, AZ; Alaska, California, and Hawaii— July 1, 2004
- The states in the former TRICARE Central Region—October 1, 2004

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History of TriWest

- Headquartered in Phoenix, Arizona
- First awarded TRICARE contract in 1996 to support the former TRICARE Central Region
- Has supported the military with quality health care services since April 1, 1997
- Now providing health care services and support to the TRICARE West Region to more than 2.6 million TRICARE beneficiaries

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TriWest Shareholders and Network Subcontractors

- Blue Cross and Blue Shield of Arizona, Inc.
- Blue Shield of California
- University of Colorado Hospital Authority
- Hawaii Medical Service Association
- Regence Blue Shield of Idaho, Inc.
- Wellmark, Inc. (IA, SD)
- Blue Cross and Blue Shield of Kansas, Inc.
- Blue Cross and Blue Shield of Kansas City
- Blue Cross and Blue Shield of Montana, Inc.
- Blue Cross and Blue Shield of Nebraska
- University of New Mexico Hospital
- Blue Cross and Blue Shield of North Dakota
- Regence Blue Cross and Blue Shield of Oregon
- Blue Cross and Blue Shield of Texas (a Division of Health Care Service Corporation)
- Regence Blue Cross and Blue Shield of Utah
- Regence Blue Shield (Washington)
- Blue Cross and Blue Shield of Wyoming

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TriWest's Claims Processing Partner

Wisconsin Physicians Service

- Effective June 1, 2004 for Oregon, Washington, and six northern counties in Idaho
- Effective July 1, 2004 for Yuma, AZ; California, Hawaii, and Alaska
- Effective October 1, 2004 for former Central Region states (AZ, CO, ID, IA, KC, KS, MN, MO, MT, ND, NE, NM, NV, SD, TX, & UT)

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Beneficiary Education Seminar: Part Four

Eligibility

Who is eligible?

Defense Enrollment and Eligibility Reporting System

Uniformed Services Identification Card

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Who is eligible for TRICARE?

- Active duty service members (ADSMs) and retirees of any of the seven uniformed services
- Reserve Component members on active duty for more than 30 consecutive days (under Federal orders), from any of the seven uniformed services
- Spouses of active duty, retired, and eligible Reserve Component service members

Eligible for TRICARE

- Unmarried children (including stepchildren) up to age 21 (or 23 if full-time student)
- Past age 21—Mental/Physical incapacity
- Unmarried children remain eligible even if parents divorce or remarry
- Dependent parents and parents-in-law
  - Eligible for primary care in a military treatment facility
  - Can enroll in TRICARE Plus

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Dual Eligibility–TRICARE and Medicare

- Entitled to Medicare Part A under age 65 due to disability or end-stage renal disease
- Entitled to Medicare Part A at age of 65
- All dual-eligible beneficiaries must purchase Medicare Part B to remain eligible for TRICARE (except for ADFMs)
- TRICARE becomes second payer to Medicare

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Dual Eligibility–TRICARE and Veterans Affairs

- You may choose to use your TRICARE benefit at a VA medical facility as long as the service is covered under TRICARE and is not for a service-connected condition
- Care received in a VA facility for service-connected conditions must be received under veterans' benefits
- If seeking care outside of a VA facility for a TRICARE-covered benefit, you must complete the entire “episode of care”

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North Atlantic Treaty Organization

- TRICARE benefits are extended to members of NATO's military force and their TRICARE-eligible family members while they are stationed in or passing through the U.S. on official NATO business
- Beneficiary must obtain a Foreign Identification Number to be eligible under TRICARE
- Eligible only for TRICARE Standard outpatient care, including outpatient maternity care
- Inpatient care, including newborn delivery, must be arranged through the NATO ADFM's embassy or consulate

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NATO - ADSMs

- NATO ADSMs may be referred to a civilian provider by the MTF for inpatient and outpatient care
- NATO ADSMs are not responsible for any deductibles or cost-shares when referred by the MTF
- NATO Claims Address:

  Wisconsin Physicians Service (WPS)

  P.O. Box 77028

  Madison, WI 53707-7028

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Not Eligible for TRICARE

- Individuals not registered in DEERS
- Entitled to Medicare Part A and not enrolled in Medicare Part B (except for ADFMs)
- Persons eligible for CHAMPVA benefits

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DEERS

- Defense Enrollment and Eligibility Reporting System (DEERS)
- Active and retired service members (sponsors) are automatically registered in DEERS
- Sponsors must enter family members in the DEERS database
- Registration in DEERS ensures TRICARE eligibility
- Uniformed Services Identification Cards

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Changes in Status

- Activation, reenlistment, separation from active duty, or retirement
- Change of address
- Marriage or divorce
- Birth or adoption of a child
- Full-time student over age 21
- Death of spouse or child
- Address changes for spouse or children

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Updating DEERS Information

- Visit an ID card issuing facility; locate one near you at *www.dmdc.osd.mil/rsl*
- Call 1-800-538-9552
- Fax changes to: 1-831-655-8317
- Mail changes to:

  Defense Manpower Data Center Support Office
  ATTN: COA
  400 Gigling Road
  Seaside, CA 93955-6771

- Make address changes online at: *www.tricare.osd.mil/DEERSAddress*

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Uniformed Services Identification Card

- Must have a valid ID Card
- Listed in the DEERS database
- ID Card indicates whether eligible for military or civilian health care
- Children under 10 can normally use either parent's or guardian's ID card, but must be registered in DEERS
- Children under 10 should also have an ID card of their own when in the custody of a parent who is not eligible for benefits

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Beneficiary Education Seminar: Part Five

Important Beneficiary Information

Patient Rights and Responsibilities

Health Insurance Portability and Accountability Act (HIPAA)

Certificate of Credible Coverage

Advance Directives

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Patient Rights

- Getting information
- Choosing providers and plans
- Emergency care
- Participating in your treatment
- Respect and nondiscrimination
- Confidentiality of your health information
- Complaints and appeals

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Patient Responsibilities

- Maximize healthy habits
- Be involved in health care decisions
- Be knowledgeable about TRICARE coverage and program options
- Show respect for other patients and healthcare workers
- Make a good-faith effort to meet financial obligations
- Use the disputed claims process
- Report wrongdoing and fraud

HIPAA

- Health Insurance Portability and Accountability Act (HIPAA) of 1996
- Protects the privacy of health care information from unauthorized disclosure and use
- Establishes basic patient rights regarding the use and disclosure of protected health information (PHI)
  - Paper—appointment books, sign in sheets
  - Electronic—e-mails, prescriptions, faxes
  - Oral—telephone calls, appointments

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HIPAA Beneficiary Rights

- Receive an MHS notice of privacy practices regarding your PHI
- Request access to or obtain a copy of PHI
- Request amendment of PHI
- Request an accounting of disclosures of PHI
- Request a restriction on uses and disclosures of PHI
- File a complaint regarding privacy infractions

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Notice of Privacy Practices

- Informs you how PHI may be used or disclosed
- Describes safeguards in place
- Explains patient privacy rights
- Privacy officers located at every MTF
- For more info on HIPPA: *www.tricare.osd.mil/hipaa*
- Questions can be e-mailed to *hipaamail@tma.osd.mil*

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Certificate of Credible Coverage

- Evidence of prior health coverage
- Receive automatically when you separate from the uniformed services and lose eligibility for TRICARE
- Usually required when changing from one insurance plan to another
- For questions, contact the DMDC Support Office (DSO) at 1-800-538-9552
- If there is an urgent need for a Certificate of Credible Coverage, you can fax your request to the DSO at 1-831-655-8317 or request that DSO fax it to you

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Advance Directives

- Living will
- Allows an individual to participate indirectly in future medical care decisions even if they become decisionally incapacitated, i.e., unable to make informed decisions
- Durable Power of Attorney for Health Care (DPAHC)
- Makes medical care decisions for the patient in the event he or she is incapacitated

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Beneficiary Education Seminar: Part Six

TRICARE Program Options

TRICARE Prime, TRICARE Standard, and TRICARE Extra
TRICARE Prime Remote and TRICARE Prime Remote for Active Duty Family Members
TRICARE For Life
TRICARE Plus
TRICARE Choices for the Reserve Component
TRICARE Dental Programs
Uniformed Services Family Health Plan
TRICARE Overseas Program
Program for Persons with Disabilities
Transitional Health Care Benefits

TRICARE West

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TRICARE Prime

- Managed care option
- Enrollment required
- Fewer out-of-pocket costs
- Select (or are assigned) a primary care manager (PCM)
- Care received at MTFs and in the civilian preferred provider network
- Guaranteed access standards
- No claims to file

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Eligibility for TRICARE Prime

- Active duty service members—required to enroll in TRICARE Prime and MUST fill out an enrollment application
- Active duty family members, retired service members and their family members under age 65 may choose to enroll in TRICARE Prime
- Members of the Reserve Component and their family members if sponsor is activated for more than 30 consecutive days

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Enrolling in TRICARE Prime

- Active duty and family members—no enrollment fee
- Retirees—annual enrollment fee of $230 for individuals/$460 for families
- Enroll by 20th of month—effective 1st of the next month
- If you enroll after the 20th of the month, your enrollment will begin on the 1st day of the month after that
- Enrollment is continuous

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Newborn Enrollment

- Newborns are covered under TRICARE Prime for the first 120 days after birth—*as long as one additional family member is enrolled in TRICARE Prime*
- After 120 days, if not enrolled, newborn claims will process under TRICARE Standard
- Eligibility for TRICARE Standard ends 365 days after birth for any newborn who is not properly registered in DEERS

Enrollment Portability

- Transfer TRICARE Prime enrollment from one TRICARE Region to another
  - Active duty service members and their families have unlimited transfers without a break in coverage
  - Retirees and their families may transfer twice in a single enrollment year as long as second transfer is back to the original location
- Select a new PCM in the new region
- Update your new address in DEERS

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Split Enrollment

- Allows TRICARE Prime families who live in separate TRICARE regions to enroll in TRICARE Prime together
- No limit on number of family members enrolling
- Retirees will be responsible for only one family enrollment fee ($460 per year)
- When using the split enrollment feature, beneficiaries must notify the contractors in each region and designate a family payer

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TRICARE Prime Re-enrollment

- TRICARE Prime enrollment continuous
- Automatically re-enrolled each year unless you request disenrollment
- Retirees could be disenrolled due to non-payment
- Any change in status—active duty to retired or demobilization—will cause a disenrollment from TRICARE Prime. You must re-enroll to continue your coverage.

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Guaranteed Access Standards

- Urgent care appointment—24 hours or less
- Routine appointment—One week or less
- Specialty appointment or wellness visit – Within four weeks (28 days)
- Travel time may not exceed 30 minutes from home to your PCM’s office
- You should not have to travel more than one hour from your home for referred specialty care

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MTF – The First Option for Care

- TRICARE Prime beneficiaries must seek care from an MTF when it is available
- Inpatient admissions, specialty appointments, procedures requiring prior authorization
- If the service is not available at the MTF within the appropriate access standards, you will be referred to a TRICARE network provider
- Check with TriWest for more information

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MTF—Priorities for Care

1. Active duty service members
2. Active duty family members enrolled in TRICARE Prime
3. Retirees, their family members, and survivors enrolled in TRICARE Prime
4. Active duty family members NOT enrolled in TRICARE Prime
5. Retirees, their family members, and survivors NOT enrolled in TRICARE Prime
6. All other eligible beneficiaries

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TRICARE Prime Service Areas

- Formerly called MTF catchment areas
- Also now include areas where a large number of TRICARE beneficiaries reside
- TriWest is required to offer TRICARE Prime in each TRICARE Prime service area
- TriWest has opted to establish seven such areas in:
  - Des Moines, Iowa
  - Springfield, Missouri
  - Minneapolis, Minnesota
  - Portland, Salem, Eugene, and Medford, Oregon

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Primary Care Manager (PCM)

- MTF or network provider
- Provides most of your care and coordinates specialty care when needed
- Knows your family and medical history, lifestyle, and habits
- Helps you develop and carry out a personal health maintenance and improvement program
- Prevents and detects health problems through regular screenings and wellness education

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PCM Visits - Copayment

- Care at an MTF—No copayments for active duty service members, retirees, and families
- Care from a network provider
  - Active duty service members and their families, no copayments
  - Retirees and family members, $12 copayment

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Referrals

- TRICARE Prime beneficiaries will be referred to an MTF first when it can provide the specialty services needed. Call 1-888-TRIWEST (1-888-874-9378) for specific information about the MTFs in your TRICARE Prime service area
- Specialty care referrals will be approved for a specific length of time and number of visits
- Follow the appropriate procedure for specialty referrals to avoid responsibility for charges other than your copayments
- If you have other health insurance, you must follow the network referrals rules for that carrier

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Prime Travel Entitlement

- When referred for specialty care at a location more than 100 miles from your PCM, you may be eligible to have your “reasonable travel expenses” reimbursed
- Includes the actual costs incurred when traveling such as meals, gas/oil, tolls, parking, and public transportation
- Contact your MTF or the TRICARE Regional Office for more information or visit the TRICARE Web site at *www.tricare.osd.mil/primetravel*

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TRICARE Prime Point-of-Service (POS) Option

- Freedom to use any TRICARE-authorized provider
- In or out of network—no referrals needed
- Non-availability statement is not necessary
- Subject to deductibles and cost-shares
- Point-of-service option is more costly to the enrollee

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POS Cost-shares and Deductibles

- Annual outpatient deductibles are $300 for an individual and $600 for family
- 50 percent cost-shares for outpatient and inpatient claims
- Excess charges up to 15 percent above the TRICARE allowable amount
- The 50 percent cost-share continues to be applied even after the catastrophic cap has been met

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Tips to Avoid POS in Error

- See your PCM for all nonemergency care
- Call the 1-888-TRIWEST (1-888-874-9378) line as soon as practical to explain that the care has been rendered
- No-referral listing of labs, X-rays, and minor procedures that are done without referral by network providers
- The listing is available at *www.triwest.com*. These services subject to post-service medical necessity reviews
- Preventive services also provided without referrals when performed by network providers

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TRICARE Extra

- Preferred provider option
- No enrollment required
- Seek care from any provider in the TRICARE network
- Responsible for annual deductibles and discounted cost-shares
- Providers will file claims for you
- May seek care in an MTF on a space-available basis
- Active duty service members are not eligible for TRICARE Extra

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TRICARE Extra - Costs

- Annual deductible
  - Active duty E-4 and below: $50 individual/$100 for family
  - Active duty E-5 and above: $150 individual/$300 for family
  - Retirees and families: $150 individual/$300 for family
- Cost-shares after deductible has been met
  - Active duty family members: 15 percent of the negotiated rate
  - Retirees and their family members: 20 percent of the negotiated rate
- Providers cannot charge more than the negotiated rate for services rendered

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TRICARE Standard

- Fee-for-service option
- No enrollment required
- Seek care from any TRICARE-authorized provider
- Responsible for annual deductibles and cost-shares—highest out-of-pocket expense
- May have to pay provider then file claim for reimbursement
- May seek care in an MTF on a space-available basis
- Active duty service members are not eligible for TRICARE Standard

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TRICARE Standard Costs

- Annual deductible
  - Active duty E-4 and below: $50 individual/$100 for family
  - Active duty E-5 and above: $150 individual/$300 for family
  - Retirees and families: $150 individual/$300 for family
- Cost-shares after deductible has been met
  - Active duty family members: 20 percent of allowed charges
  - Retirees and their family members: 25 percent of allowed charges
- May be responsible for up to 15 percent above the TRICARE allowable charge for services if providers do not participate in TRICARE

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Catastrophic Cap Benefit

- ADFMs using TRICARE Standard—$1,000 per fiscal year
- All other beneficiaries using TRICARE Standard (retirees, family members of retirees, survivors, former spouses) —$3,000 per fiscal year
- ADFMs using TRICARE Prime—$1,000 per fiscal year
- All other beneficiaries using TRICARE Prime (retirees, family members of retirees, survivors, former spouses)—$3,000 per fiscal year

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TRICARE Extra vs. Standard

- Any TRICARE network provider
- Active duty family member: 15 percent of negotiated rate
- Retirees: 20 percent of negotiated rate
- Providers will file claims for you
- Not responsible for additional charges for covered benefits

- Any TRICARE-authorized provider
- Active duty family member: 20 percent of allowable charge
- Retirees: 25 percent of allowable charge
- May have to file claims
- Non-participating providers may charge up to 15 percent above allowable charge for services

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Nonavailability Statement (NAS)

- A certification from the MTF that it cannot provide a specific service
- Only required for mental health admissions*
- Does not replace the requirement for prior authorizations

**NAS requirement was eliminated for all inpatient admissions except for mental health admission effective December 28, 2003. An NAS is no longer required for maternity care or newborn inpatient admissions.*

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TRICARE Prime Remote

- Provides the TRICARE Prime option for active duty service members who live and work more than 50 miles from a military treatment facility (MTF)
- Active duty service members must enroll in TRICARE Prime Remote (TPR)
- Similar benefits, costs, and rules as TRICARE Prime
- Find out if you reside in a designated TPR Service Area online at *www.tricare.osd.mil/remote*

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TRICARE Prime Remote for Active Duty Family Members

- Active duty family members (ADFMs) residing with their TPR-enrolled sponsors are eligible for TPRADFM
- Must enroll in the West Region or region of residence
- Family members who are enrolled in TPRADFM may remain enrolled even if the sponsor receives unaccompanied permanent change of station (PCS) orders as long they continue to reside in the same TPR location

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TPR/TPRADFM Primary Care Services

- May seek care from non-network provider if a network provider is not available
- Beneficiaries may receive primary care services without a referral or authorization
- POS option does not apply to active duty service members enrolled in TPR
- POS option does apply to active duty family members enrolled in TPRADFM

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TPR/TPRADFM Authorization Requirements

- Authorization required for
  - Any procedure or service shown on the medical necessity review list
  - Adjunctive dental care
  - Behavioral health services
- Failure to obtain pre-authorization will cause the claim to be denied initially
- The denial may ultimately be reversed or upheld on appeal.

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Authorization Requirements – TPR Active Duty Service Members

- If authorization is not obtained before a service is rendered to an ADSM
  - Claim is deferred to the Military Medical Support Office
  - Service Point of Contact (SPOC) may instruct WPS to deny the claim
  - “Denied Per SPOC” appears on the remittance advice
- In such cases, the ADSM is responsible for payment and can appeal the denial by submitting a request in writing to the SPOC

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Referral and Authorization Process

TPR Active Duty Service Members

- Contact TriWest for assistance in obtaining referrals and authorizations through TriWest's toll-free number:
  - 1-888-TRIWEST (1-888-874-9378)
- All nonemergency admissions and specialty care must be pre-authorized

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TPR/TPRADFM Costs

- No annual deductible
- No annual enrollment fees
- No copayments, except:
  - When filling prescriptions through the TRICARE Mail Order Pharmacy, in the TRICARE Retail Pharmacy Network or at non-network pharmacies
  - For costs associated with the Program for Persons With Disabilities (if enrolled)

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TRICARE For Life

- TRICARE's Medicare-wraparound coverage
- Available to beneficiaries who are entitled to Medicare Part A and purchase Medicare Part B
- TRICARE pays second to Medicare beginning on the first day of the month that you purchase Medicare Part B
- In most cases, Medicare will pay first and the remaining out-of-pocket expenses will be paid by TRICARE

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TRICARE For Life—Eligibility

TRICARE For Life is available to all Medicare-eligible TRICARE beneficiaries who have purchased Medicare Part B, which includes:

- Medicare-eligible uniformed services retirees
- Medicare-eligible retirees of the Reserve Component
- Medicare-eligible family members of active duty service members or retirees
- Medicare-eligible widows/widowers and certain former spouses who were eligible for TRICARE before age 65

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TRICARE For Life—Covered Services

- For service covered by both Medicare and TRICARE, Medicare will pay first and TRICARE will pay second
- For services covered by TRICARE but not Medicare, TRICARE pays its portions and you are responsible for TRICARE deductibles and cost-shares
- For services covered by Medicare but not TRICARE, Medicare pays its portion and you are responsible for Medicare cost-shares
- For services not covered by TRICARE or Medicare, you are responsible for all costs

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TRICARE For Life—Costs

- No fees for TRICARE For Life
- You only need to pay your Medicare Part B premiums
- Automatically deducted from your Social Security check
- Check with Medicare on current Medicare Part B premiums
- If you choose not to enroll in Medicare Part B when first entitled to Part A, a premium surcharge* may be applied

You may be eligible to have your premium surcharges waived. Visit www.tricare.osd.mil for more information.

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Medicare Part B

- Enroll upon becoming entitled to Medicare Part A
- May enroll during general enrollment period (January 1-March 31) each year
- For more information
  - Phone: 1-800-772-1213
  - TTY/TDD: 1-800-325-0778
  - Visit Social Security Administration online at *www.ssa.gov*

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TRICARE Plus

- Military treatment facility (MTF) primary care enrollment program
- All beneficiaries not enrolled in TRICARE Prime may enroll where capacity exists
- Beneficiaries should contact their local MTF to find out if they participate in TRICARE Plus

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TRICARE Choices for the Reserve Component

- When sponsor is activated for more than 30 consecutive days
- Reserve Component members become eligible for TRICARE the same as ADSM
- Family members
  - TRICARE Prime, TRICARE Prime Remote for Active Duty Family Members, TRICARE Extra, and TRICARE Standard on the first day of sponsor's orders
    - *Must meet all other requirements for TRICARE Prime Remote for Active Duty Family Members*
  - TRICARE Pharmacy Program
  - TRICARE Dental Program

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TRICARE Reserve Family Demonstration Project

Available to families of the Reserve Component called to active duty for more than 30 consecutive days in support of operations that result from the September 11, 2001 terrorist attacks*—OPERATIONS ENDURING FREEDOM, NOBLE EAGLE, and IRAQI FREEDOM.

Under Executive Order 13223, 10 U.S.C 12302, 10 U.S.C 12301(d), or 32 U.S.C. 502(f).

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Demonstration Project Components

- Waiver of TRICARE Standard annual deductible
- Waiver of TRICARE allowable charge
- Waiver of requirement to obtain a non-availability statement for inpatient mental health care

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Temporary Reserve Component Benefits

- Recently enacted 2004 Emergency Supplemental Appropriations Act and National Defense Authorization Act
- Authorizes temporary health care benefits for Reserve Component members and their families
- Visit *www.tricare.osd.mil/reserve* for information about these benefits as it is available

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TRICARE Dental Program (TDP)

- Voluntary dental program administered by United Concordia Companies, Inc. (UCCI)
- Available to:
  - Eligible active duty family members
  - Selected Reserve and Individual Ready Reserve members and their eligible family members
- Active duty and Reserve Component members called to active duty for more than 30 consecutive days receive their dental care in military dental clinics, so are not eligible for TDP
- Visit *www.ucci.com* for more information

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TRICARE Retiree Dental Program (TRDP)

- Voluntary dental program administered by the Delta Dental Plan of California
- Available to:
  - Uniformed services retirees and their eligible family members
  - Certain surviving family members of deceased active duty service members
  - Medal of Honor recipients, their immediate family members
  - Survivors
- Visit *www.trdp.org* for more information

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Uniformed Services Family Health Plan

- A TRICARE Prime-like option
  - Available to:
    - Active duty family members
    - Retirees and their eligible family members including those age 65 and over
  - Offers all of the health care coverage and benefits, plus some additional enhancements, at the same costs as TRICARE Prime
  - You cannot use your TRICARE benefits if you enroll in the USFHP

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USFHP – Accessing Care

- Do not access MTFs or Medicare providers
- Receive care from a primary care physician in a network of private physicians
- Covered for worldwide emergency care and many preventive care services
- Can access on-site patient advocates for assistance
- Includes discounts for eyeglasses, hearing aids, and dental care

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USFHP - Enrollment

- Submit a completed application to the USFHP program of choice
- Must reside in the one of the service areas listed on the next slide
- May enroll at anytime throughout the year with a one-year commitment, unless you move out of the area where the plan is offered
- Enrollment fees, if applicable, are portable to another TRICARE Prime program

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USFHP Designated Providers

- Martin's Point Health Care—Maine and New Hampshire
- Brighton Marine Health Center—Central and Eastern Massachusetts and Rhode Island
- St. Vincent Catholic Medical Centers—Parts of New York, New Jersey, Eastern Pennsylvania, and Southern Connecticut
- Johns Hopkins Community Physicians—Central Maryland, Pennsylvania, Northern Virginia, and West Virginia
- CHRISTUS Health—Southeast Texas and Southwest Louisiana
- Pacific Medical Clinics—Puget Sound area/ Washington State

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TRICARE Overseas Program (TOP)

- DoD's managed health care program for all geographic areas and territorial waters outside the 50 United States
- Blends many of the features of the stateside TRICARE programs while allowing for the significant cultural differences unique to foreign countries and their health care practices
- TRICARE Europe, TRICARE Pacific, and TRICARE Latin America and Canada, which includes the Caribbean Basin

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TOP Benefit Packages

- TOP Prime—for active duty service members and their eligible family members residing with their sponsor overseas
- TOP Standard—identical to the stateside program, including cost-shares and annual deductibles; available to active duty family members and retirees
- TOP TRICARE For Life—provides coverage to similar to TRICARE Standard to Medicare-eligible beneficiaries overseas
- TRICARE Global Remote Overseas—for active duty service members and families residing in remote overseas locations

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Overseas Pharmacy Services

- You may have prescriptions filled at MTF pharmacies in all overseas locations, if the medication is available on the MTF's formulary
- TRICARE Mail Order Pharmacy (TMOP) may be used if you have an APO or FPO address or a state department mail pouch for pharmacy
- TRICARE retail network pharmacy benefit available overseas only in Puerto Rico, the Virgin Islands, and Guam
- For more information about TRICARE benefits available overseas, call 1-888-777-8343

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Program for Persons with Disabilities

- Provides financial assistance to reduce the effects of mental retardation or a serious physical disability
- Available to active duty family members
- The monthly cost share amount for the PFPWD varies from $25-$250, depending on the active duty sponsor's rank
- May be used concurrently with other TRICARE programs
- PFPWD will be replaced during 2004 by the new TRICARE Extended Health Care Option (ECHO)

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Transitional Assistance Management Program

- Provides transitional health care to certain uniformed services members and their families:
  - Member involuntarily separated from active duty under honorable conditions
  - Reserve component* member called up in support of a contingency operation for more than 30 consecutive days and then separated from active duty
  - Member who is separated from active duty then retained in support of a contingency operation
  - Member who is separated from active duty following a voluntary agreement to stay on active duty for a period of less than one year in support a contingency operation
- Served less than six years total active federal military service - 60 days
- Served for six years or more total active federal military service -120 days

Members of the Reserve Component may be eligible for an extended TAMP benefit. Visit www.tricare.osd.mil/reserve for more information.

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Continued Health Care Benefit Program

- Provide transitional benefits for a specified period of time (18-36 months) to:
  - Former service members and their families
  - Some un-remarried former spouses
  - Emancipated children (living on their own)
- Benefits available under CHCBP are similar to TRICARE Standard
- Quarterly premium
  - $933 for individual
  - $1,996 for family

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Voluntary Separation Benefits

- Service members voluntarily separated under the Special Separation Benefit (SSB) or the Voluntary Separation Incentive (VSI) are entitled to all benefits provided to involuntarily separated members
- Members who choose SSB or VSI may receive health benefits by enrolling in CHCBP

Beneficiary Education Seminar: Part Seven

What TRICARE Covers

What is Covered?
Emergency Care
Urgent Care
Nonemergency Care while Traveling
Clinical Preventive Services
Maternity Care/Family-centered Care
Behavioral Health Care
Pharmacy
Limitations and Exclusions

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What is Covered?

- Most inpatient and outpatient care that is medically necessary and considered proven
- Some military treatment facilities (MTFs) may offer services, procedures, or benefits that are not necessarily covered under TRICARE
- TriWest MTF directory at *www.triwest.com*.
- Contact TriWest at 1-888-TRIWEST (1-888-874-9378)
- Review the TRICARE Policy Manual online at www.tricare.osd.mil/tricaremanuals/

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Emergency Care

- Call 911
- Visit nearest emergency room
- Notify your PCM or TriWest within 24 hours of any emergency admission so that your follow-up care can be coordinated (if enrolled in TRICARE Prime)
- A family member can call on your behalf

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Urgent Care

- Medically necessary treatment that is required for illness or injury
- TRICARE Prime beneficiary must coordinate urgent care with PCM or TriWest before receiving care
- A TRICARE Prime beneficiary who seeks urgent care services without coordinating with his or her PCM will be utilizing the TRICARE Point-of-Service (POS) option

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Nonemergency Health Care While Traveling

- All routine medical care should be taken care of before you depart or delayed until you return and can see your PCM
- For out-of-area urgent/acute care, you must coordinate with your PCM or TriWest for an authorization before seeking care if enrolled in TRICARE Prime
- For out-of-area emergency care, call 911 or go to the nearest emergency room (civilian or military)

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Clinical Preventive Services

- Includes the following types of services:
  - Comprehensive physical exams
  - Procedures and screenings to detect cancer
  - Cholesterol, blood pressure, hepatitis B, rubella, tuberculosis, and pediatric blood lead screenings
  - Vision and hearing screening
  - Physical exams required for school enrollment
  - Immunizations
- Enhanced benefit under TRICARE Prime, TPR, and TPRADFM
- Available with TRICARE Extra and TRICARE Standard (applicable cost-shares apply)

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Maternity Care

- TRICARE helps pay for maternity care during pregnancy, delivery of the baby, and up to six weeks after the baby is born
- If TRICARE eligibility ends during the pregnancy, TRICARE does not cover any remaining maternity care, unless the family qualifies for the Transitional Assistance Management Program (TAMP) or has enrolled in the Continued Health Care Benefits Program (CHCBP)

Family-centered Care

- Offers families maternity services starting with the first obstetric visit and continuing after the birth of the child
- Respect for your emotional well-being, privacy, and personal preferences
- Empowerment through honoring your family's personal and cultural beliefs
- Flexibility to welcome fathers, significant others, and siblings to be a part of your childbirth experience

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Family-centered Care - MTFs

- Improved continuity of providers for prenatal care
- Careful, seamless coordination between facilities if you need to transfer
- Personalized pain management
- Individualized birth plans
- Improved access to first trimester appointments
- Private postpartum rooms
- Lactation education and support

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NAS for Maternity Care

- NAS requirement for maternity care has been eliminated*
- If enrolled in TRICARE Prime, referrals for maternity care will be sent to an MTF first
- Beneficiaries using TRICARE Extra or TRICARE Standard are not required to seek maternity care at an MTF
- If MTF care is not available for an active duty woman, civilian maternity care must be approved

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Maternity Health Care Choices

- Free to use any TRICARE-authorized provider—network or non-network if not enrolled in TRICARE Prime
- TRICARE Prime enrollees will be referred to an MTF for maternity care first before seeking care in the civilian network
- Families should consider costs when deciding where to obtain maternity care

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Maternity Expenses

- Prenatal care, labor and delivery, and postnatal care with a civilian provider—cost-shares will apply
- The amount of the cost-share varies based on the length of stay in the hospital, and the medical needs of the mother and baby
- If a woman delivers early and has complications, the costs of her and her baby's care at a civilian facility could add up in TRICARE Extra or TRICARE Standard copayments
- MTF - No copayment costs, and you receive high-quality health care from top-notch doctors in a state-of-the-art health care facility

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Behavioral Health Covered Services

- Mental health/substance abuse treatment covered by TRICARE includes, but is not limited to:
  - Outpatient behavioral health therapy
  - Medication management
  - Hospitalization for mental health treatment
  - Partial hospitalization for mental illness
  - Substance abuse treatment

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Getting Behavioral Health Care

- You are encouraged to receive behavioral health care from an MTF
- When not available, seek care from a network provider for the greatest cost-savings
- Check with your PCM or TriWest for referral and authorization requirements

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TRICARE Pharmacy Program

- MTF Pharmacy
- TRICARE Mail Order Pharmacy
- TRICARE Retail Network Pharmacy
- Non-network Retail Pharmacy

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MTF Pharmacies

- Prescriptions may be filled at an MTF pharmacy at no charge
- If medication is in stock, it will be filled but best to call ahead
  - Up to 30-day supply for controlled substances
  - Up to 90-day supply for all other medications
- MTF pharmacies will accept written prescriptions from any TRICARE-authorized provider

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TRICARE Mail Order Pharmacy (TMOP)

- Convenient home delivery (FPO or APO for overseas locations)
  - Low Cost
    - Generic medication – $3 for up to a 90-day supply
    - Brand name medication – $9 for up to a 90-day supply
    - Non-formulary medication – $22 for up to a 90-day supply
    - Note: Up to a 30-day supply for controlled substances
  - Free Shipping & Handling
  - For more information:
    - Visit *www.express-scripts.com/TRICARE*
    - 1-866-DoD-TMOP (1-888-363-8667)

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TRICARE Retail Pharmacy Network

- May have prescriptions filled at a pharmacy in the TRICARE network
- Portable across all regions—no claims to file
- Generic medication—$3 per 30-day for up to a 90-day supply
- Brand name medication—$9 per 30-day for up to 90-day supply
- Non-formulary medication—$22 per 30 day for up to a 90-day supply
- Administered by Express Scripts, Inc.
- Visit *www.tricare.osd.mil/pharmacy* to locate a retail network pharmacy near you
- 1-866-DoD-TRRx (1-866-363-8779)

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Non-Network Pharmacies

- Most costly option
- TRICARE Standard deductibles and cost-shares apply
- TRICARE Prime POS option applies for TRICARE Prime beneficiaries
- May have to pay for prescription and file claim with Express Scripts for reimbursement

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Generic Drug Use Policy

- Generic drugs will be substituted for brand name when available
- Must justify medical necessity for brand name to be dispensed
- If generic equivalent drug does not exist the brand name drug will be dispensed

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Drugs Requiring Prior Authorization

- Certain medications require prior authorization
- Per DoD contracts, some drugs must be dispensed from retail, MTF, or mail order pharmacy
- TRICARE covers all FDA approved prescription drugs approved for outpatient use with some exclusions established by law
- 1-877-DoD-MEDS (1-877-363-6337)
- *www.tricare.osd.mil/pharmacy*

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Pharmacy Data Transaction Service

- Creates a global centralized data repository
- Reduces the likelihood of adverse drug to drug interactions, therapeutic overlaps, and duplicate treatments
- Conducts an online prospective drug utilization review (a clinical screening)
- This is done before it is dispensed to the patient, regardless of where a beneficiary fills a prescription within the MHS

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Limitations: Services and Procedures

- List of services generally not covered under TRICARE
  - Abortions: life threatening conditions to the mother only
  - Chiropractic Care: active duty members only in select MTFs
  - Eyeglasses and Contact Lenses: covered under limited circumstances
  - Private Hospital Room: medical reasons only
  - Smoking Cessation: specific criteria

* The items here are not intended to be all-inclusive

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Exclusions: Services and Procedures

- The following services are excluded under any circumstances:
  - Acupuncture
  - Birth control (non-prescription)
  - Care that is not medically or psychologically necessary
  - Foot care (routine)

* The items here are not intended to be all-inclusive

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Beneficiary Education Seminar: Part Eight

Ensuring Customer Satisfaction

Beneficiary Counseling and Assistance Coordinator (BCAC)
Debt Collection Assistance Officer (DCAO) Program
How to Understand Costs and Fees
Claims Processing
TRICARE and Other Health Insurance
Third Party Liability
Appeals and Grievances
Fraud and Abuse

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Beneficiary Counseling and Assistance Coordinator (BCAC)

- Improve customer service and satisfaction
- Enhance beneficiary education
- Trouble shoot complicated, delayed, and mishandled problems
- Respond to phone, e-mail, and written correspondence
- BCACs are located at each MTF
- BCAC Directory: *www.tricare.osd.mil/BCACDirectory.cfm*

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Debt Collection Assistance Officer (DCAO) Program

- Assists with TRICARE-related collection (debt) problems
- DCAOs are located at MTFs
- Contact DCAO when a collection notice is received
- Assist with negotiations with collection agencies, credit bureaus, and agencies
- Research the problem and recommend appropriate actions to resolve the problem
- Contact you when it is resolved

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Understanding Costs and Fees

- TRICARE Beneficiary Handbook
  - "What TRICARE Covers"—provides copayment and cost-share information for TRICARE-covered services
  - "Understanding TRICARE Costs and Fees"—provides information about:
    - Annual deductibles
    - TRICARE Prime Point-of-Service option
    - Catastrophic cap benefit
    - Other health insurance
    - Third party liability
    - TRICARE explanation of benefits
- *Visit www.tricare.osd.mil/tricarecost.cfm*

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Claims Processing

- Wisconsin Physicians Service (WPS) is TriWest's subcontractor for claims processing in the West Region
- If using TRICARE Prime or TRICARE Extra, your provider will file claims for you
- Beneficiaries using TRICARE Standard may be required to file their own claims
- *www.triwest.com*
- *www.tricare4u.com*–for TRICARE For Life claims

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Submitting Claims – Transition

As the current TRICARE regions transition to the new TRICARE West Region, it is important that you and your providers pay careful attention to:

- Dates of service
- Current region in which the beneficiary is receiving care
- Transition dates in order to file with the correct claims processor

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Submitting Claims–Network Providers

- Network providers currently in the TriWest provider network should send all claims with service dates prior to October 1, 2004 to PGBA at the current address until April 1, 2005
- Beginning April 1, 2005 all claims with service dates prior to October 1, 2004 should be sent to:

  West Region Claims

  P.O. Box 77028

  Madison, WI 53707-7028

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Explanation of Benefits (EOB)

- Statement sent to you showing what action has been taken on your TRICARE claims
- EOBs are sent to you for your information and files—they are not a bill
- After reviewing the the EOB, you have the right to appeal certain decisions regarding your claims and must do so in 90 days and in writing

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TRICARE and Other Health Insurance

- TRICARE pays after all other health insurance plans except for:
  - Medicaid
  - Medi-Cal in California
  - Arizona Health Care Cost Containment System (AHCCCS) in Yuma, Arizona
  - TRICARE supplements
  - The Indian Health Service
  - Other programs/plans as identified by TMA
- Not required to obtain referrals or pre-authorization for covered services, except for adjunctive dental care, the PFPWD, and behavioral health care services

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Third Party Liability

- Federal Medical Recovery Act allows TRICARE to be reimbursed for its costs of treating you if you are injured in an accident that was caused by someone else
- DD Form 2527 Statement of Personal Injury Third Party Liability Form
- Within 35 calendar days, you must complete and sign this form and return the form to the appropriate claims processor
- *www.triwest.com*

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Appeals

- An appeal is a dispute with certain payment and/or coverage decisions made by TRICARE
- There are two types of appeals:
  - Factual denial (i.e. non-covered service)
  - Denial of services based upon medical necessity
- You have the right to appeal the decisions TRICARE makes regarding the payment of claim
- There is a separate mechanism for appealing the denial for authorization of services based upon a medical necessity review

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Grievances

- A grievance is a written formal complaint about service or care:
  - Quality of care, quality and availability of service, timeliness of services, appropriateness of care, and inappropriate behavior on the part of a health care provider
- It is best to resolve your complaint with your health care provider
- If the provider is unable to help you, you may submit your grievance in writing to TriWest for resolution

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Fraud and Abuse

- Please be alert to anything that “doesn’t look right”
- Call 1-888-584-9378 or fax 1-602-564- 2458 to anonymously report suspected fraud and/or abuse and give as much information as possible
- Types of activities that should be reported include:
  - A provider billing for services when services were not rendered
  - Services billed do not match the services rendered
  - A provider waiving copayments or deductibles
  - Someone you know is not TRICARE eligible but is receiving benefits

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Beneficiary Education Seminar: Part Nine

For Information and Assistance

TriWest Web Site

Interactive Voice Response System

TRICARE Web Site

TRICARE Online

TRICARE Information Service

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TriWest Web Site: www.triwest.com

- Determine the status of a claim, receive information about the payment of a previously processed claim, and obtain a duplicate explanation of benefits (EOB) for claims that have been processed
- Verify your eligibility
- Out-of-pocket expense limits
- Learn about your TRICARE benefits
- Locate a network provider

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TRIWEST Interactive Voice Response System

- Available around the clock, 24 hours a day, seven days a week
- Route your requests and inquiries to the most appropriate customer service representative
- Will offer an automated self-service option for accessing recorded routine information
- You will speak your menu requests rather than using the telephone keypad
- You will also be able to speak with a customer service representative Mon–Fri from 8 a.m. to 6 p.m
- 1-888-TRIWEST (1-888-874-9378)

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TRICARE National Resources

- TRICARE Web Site:
  www.tricare.osd.mil
- TRICARE Online:
  www.tricareonline.com
- TRICARE Information Service
  - Mon-Fri 8 a.m.–8 p.m. Eastern time
  - 1-888-DoD-CARE (1-888-363-2273)

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Important Telephone Numbers

- TriWest Healthcare Alliance
  1-888-TRIWEST (1-888-874-9378)
- TRICARE Mail Order Pharmacy
  (Express Scripts)
  1-866-DoD-TMOP (1-866-363-8667)
- TRICARE Retail Pharmacy
  (Express Scripts)
  1-866-DoD-TRRx (1-866-363-8779)

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Thank You!

- TRICARE offers comprehensive health and dental benefits for our beneficiaries
- We continue to make a strong program even better
- Wherever we maintain medical capability and capacity, whether through military or civilian services, our goal is a world-class health benefit that serves the needs of our members

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TRICARE Product Feedback

- Please provide feedback on this by completing the briefing evaluation form provided by TriWest
- You may also provide feedback at *www.tricare.osd.mil/evaluations/presentations*

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